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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

App. No. 11/133,330, Filed 10/10/2005, U.S. DEPARTMENT OF COMMERCE

<p style="text-align: center;">DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p>		<p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.</p>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)		Attorney Docket Number	END-5214
OR		First Named Inventor	Rudolph Nobis et al.
<i>COMPLETE IF KNOWN</i>			
		Application Number	
		Filing Date	September 29, 2003
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ACTUATION MECHANISM FOR FLEXIBLE ENDOSCOPIC DEVICE

(Title of the Invention)

the specification of which

[X] is attached hereto

OR

[] was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) []

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Pending

I hereby appoint:

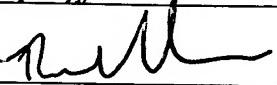
- Practitioners at Customer Number **000027777** → Place Customer Number Bar Code Label Here
AND
- Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Gerry S. Gressel at telephone number (513) 337-3535.

Customer Number	<input checked="" type="checkbox"/> or Bar Code Label	000027777
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<input type="checkbox"/> Correspondence address below		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Rudolph (first and middle [if any])		Family Name Nobis or Surname		
Inventor's Signature 		September 2003 Date 9/26/03		
Residence: City Mason		State Ohio		Country USA
Mailing Address 4594 Atrium Court, Mason, OH 45040				
City Mason		State Ohio		ZIP 45040
Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Christopher J. (first and middle [if any])		Family Name Hess or Surname		
Inventor's Signature 		September 2003 Date 9-26-03		
Residence: City Cincinnati,		State Ohio		Country USA
Mailing Address 1704 E. McMillan, Cincinnati, OH 45206				
City Cincinnati,		State Ohio		ZIP 45206
Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Michael J. (first and middle [if any])		Family Name Stokes or Surname		
Inventor's Signature 		September 2003 Date 9/26/2003		
Residence: City Cincinnati,		State Ohio		Country USA
Mailing Address 8 Sleepy Hollow Drive, Cincinnati, OH 45244				
City Cincinnati,		State Ohio		ZIP 45244
Country USA				